

Lesbians Face Many Barriers to Good Health Care

For lesbians in America, getting good health care can be a challenge. Consider the young woman who has been told by a nurse practitioner that she doesn't need a Pap smear because she is a lesbian. Or the woman who confides in her doctor that she is a lesbian and is told, "I don't treat people like you." These scenarios play out every day in clinics and private offices across the country. The results can be devastating and deadly.

The Mautner Project for Lesbians with Cancer is dedicated to bringing down the barriers that block lesbians from getting regular cancer screenings and cancer treatment. By educating lesbians and health care providers, the project aims to help this country eliminate health disparities, according to Cheryl B. Pearson-Fields, MPH, the project's health education and research director. The project also conducts research on lesbian health issues and provides health care services to lesbians with cancer, their partners, and their caregivers.

The project is named after Mary-Helen Mautner, who died of breast cancer in 1989. She had a network of friends and family to help her manage the challenges of daily life while she battled cancer, but she realized that other lesbians were not so fortunate. Ms. Mautner left behind notes outlining the foundation for the organization that would later bear her name.

Removing the Barriers

The Mautner Project tackles many of the barriers that block lesbians' access to good care, according to Ms. Fields. Discrimination is a major problem. Many lesbians delay seeking health care services because they have previously been refused care, received substandard care, or endured derogatory comments, hostility, or undue roughness during physical exams.

"It's not bleak everywhere," noted Ms. Fields. "Lesbians in larger cities tend to have an easier time than those in smaller, rural towns. For example, breach of confidentiality can be a major problem in a small community. You tell a doctor you are a lesbian, and the nurse reads your chart and says, 'Oh my gosh. I didn't realize Suzi was a lesbian.' Knowing that they could lose their child or job if people in the community find out is enough to keep many lesbians away from clinics and doctors' offices or deeply closeted when they do go for care."

Another common problem is misinformation and inaccurate assumptions about lesbian's health risks and need for screening—for example, the belief that lesbians don't need to get Pap tests because the human papilloma virus, which causes cervical cancer, is transmitted when a woman has sex with a man.

The misconception is that lesbians have never had sex with men. In fact, a very large percentage of lesbians have had sex with men at one time or another. Some may even identify as lesbian but still have sex with men, Ms. Fields explained. So the problem arises when any provider makes assumptions that all lesbians behave in a certain way.

Why Are Lesbians at Greater Risk for Cancer?

There are several reasons why lesbians have a greater risk for cancer than heterosexual women:

- **Access.** Lesbians access health care less frequently than heterosexual women because of past negative experience with a heterosexist health care system.
- **Childbearing.** Lesbians are more likely to be childless or to delay parenting until after 30. Bearing children and breastfeeding before age 30 reduces a woman's risk for breast cancer.
- **Screening.** Lesbians are less likely to receive routine gynecological services such as birth control and prenatal care. Thus, they are screened less often for breast and cervical cancers.

Insurance. Lesbians are more affected by women's lower earning power and do not benefit from spousal health insurance coverage. Educating providers is a first step, said Ms. Fields. Mautner's "Removing the Barriers to Accessing Health Care for Lesbians" is a CDC-funded project aimed at building the skills of health care providers and promoting change in health care institutions through training and technical assistance. Some of the project's objectives are to

- Define the principles of culturally competent medical care.
- Identify individual, structural, and institutional factors that affect access to health care and result in barriers to screening for breast and cervical cancer among lesbians.
- Describe ways in which a culturally competent approach can reduce or eliminate those barriers.
- Demonstrate the application of principles of cultural competency to the medical practice.
- Implement a plan to help providers locate resources for ongoing education and skill-building in providing optimal care to lesbians.

These are subjects not often covered in medical school, she noted, and many providers want to break down these barriers. "Sometimes it's not that they're homophobic," said Ms. Fields. "Most providers want to provide the best services they can, and they want to be welcoming. But they just need the knowledge."

For more information about the Mautner Project or the "Removing the Barriers" training program, please contact Cheryl B. Pearson-Fields, MPH, Director of Health Education and Research, Mautner Project for Lesbians with Cancer, 1700 L Street, Suite 500, Washington, DC 20036; telephone 202/ 332-5536; fax 202/332-0662; E-mail: cfields@mautnerproject.org.